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**State:** District of Columbia **Filing Company:** First Care, Inc.  
**TOI/Sub-TOI:** MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010  
**Product Name:** CareFirst MedPlus  
**Project Name/Number:** O65POST (11.19)/O65POST (11.19)

## Filing at a Glance

Company: First Care, Inc.  
Product Name: CareFirst MedPlus  
State: District of Columbia  
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010  
Sub-TOI: MS08I.012 Multi-Plan 2010  
Filing Type: Form  
Date Submitted: 11/11/2019  
SERFF Tr Num: CFSM-132150418  
SERFF Status: Submitted to State  
State Tr Num:  
State Status:  
Co Tr Num: O65POST (11.19)  
Implementation: On Approval  
Date Requested:  
Author(s): Sean Smith, Brittany Eichelman  
Reviewer(s):  
Disposition Date:  
Disposition Status:  
Implementation Date:

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**State:** District of Columbia **Filing Company:** First Care, Inc.  
**TOI/Sub-TOI:** MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010  
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## General Information

Project Name: O65POST (11.19)	Status of Filing in Domicile:
Project Number: O65POST (11.19)	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/11/2019
	State Status Changed:
Deemer Date:	Created By: Sean Smith
Submitted By: Sean Smith	Corresponding Filing Tracking Number:

### Filing Description:

The previously filed and approved postcard, O65POST (4.17) – SERFF tracking CFSM-131004948, has been updated with minor stylistic changes to reflect CareFirst's newly updated brand guidelines. This update also includes the addition of plan high-deductible G. All other content on the postcard is identical to what was included on the last filed and approved version.

The purpose of this postcard is to be distributed at our Regional Offices and community events for informational purposes. All Medicare dollar amounts and the years noted have been bracketed so that the postcard may be used in future years without re-filing. Other content has been bracketed as well, which is further explained in the accompanying statement of variability. It is our ultimate goal to use the same postcard in D.C, MD, and VA, which is why we've bracketed the piece in this way.

## Company and Contact

### Filing Contact Information

Angela Gonce, Manager, Consumer Direct [angela.gonce@carefirst.com](mailto:angela.gonce@carefirst.com)  
Sales Support  
10800 Red Run Blvd. 410-998-7561 [Phone]  
Owings Mills, MD 21117

### Filing Company Information

First Care, Inc.	CoCode: 60113	State of Domicile: Maryland
10455 Mill Run Circle	Group Code:	Company Type:
Owings Mills, MD 21117-5559	Group Name:	State ID Number:
(410) 605-2410 ext. [Phone]	FEIN Number: 52-1962376	

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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

<b>SERFF Tracking #:</b>	CFSM-132150418	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	O65POST (11.19)
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	First Care, Inc.		
<b>TOI/Sub-TOI:</b>	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010				
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<b>Project Name/Number:</b>	O65POST (11.19)/O65POST (11.19)				

## Correspondence Summary

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	O65POST (11.19)	Sean Smith	11/15/2019	11/15/2019

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	First Care, Inc.
<b>TOI/Sub-TOI:</b>	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010		
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## Amendment Letter

Submitted Date: 11/15/2019

Comments:

updated to include Plan F in the chart callout.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	O65POST (11.19)	O65POST (11.19)	ADV	Initial			O65POST (11.19).pdf	Date Submitted: 11/15/2019 By:
<i>Previous Version</i>								
1	O65POST (11.19)	O65POST (11.19)	ADV	Initial			O65POST (11.19).pdf	Date Submitted: 11/11/2019 By: Sean Smith

No Rate Schedule Items Changed.

No Supporting Documents Changed.

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	First Care, Inc.
<b>TOI/Sub-TOI:</b>	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010		
<b>Product Name:</b>	CareFirst MedPlus		
<b>Project Name/Number:</b>	O65POST (11.19)/O65POST (11.19)		

## Form Schedule

Lead Form Number: O65POST (11.19)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		O65POST (11.19)	O65POST (11.19)	ADV	Initial			O65POST (11.19).pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NAP</b>	Network Access Plan
<b>NOC</b>	Notice of Coverage	<b>OTH</b>	Other
<b>OUT</b>	Outline of Coverage	<b>PJK</b>	Policy Jacket
<b>POL</b>	Policy/Contract/Fraternal Certificate	<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
<b>PRC</b>	Provider Contract/Provider Addendum/Provider Leading Agreement	<b>PRD</b>	Provider Directory

# Need coverage to fill in the gaps in Medicare?

Protect yourself, your retirement and your hard-earned money with a Medicare Supplement plan.

**Original Medicare alone doesn't cover everything.** That's why it's important to consider a Medicare Supplement (Medigap) plan to help fill in the gaps. Consider these advantages when you select a CareFirst MedPlus (CareFirst) plan:

- **Low affordable rates.**
- **Save <10%>** if you live with someone who has a CareFirst MedPlus plan.



- **See any doctor** that accepts Medicare without a referral.\*
- **Fitness program at no additional cost.** Equipment, pools, classes and more at <15,000+> locations through SilverSneakers<sup>®</sup> Fitness.\*\*
- **Dental and vision coverage available** at an additional cost through CareFirst BlueCross BlueShield, a private not-for-profit health service plan. CareFirst MedPlus and CareFirst BlueCross BlueShield are affiliated entities.
- **Carry the card that is recognized nationwide.** Travel with confidence. You can get the care you need—where and when you need it.\*

## Want to learn more?

Get a free rate quote, compare plans, and apply today at [www.carefirst.com/medigap](http://www.carefirst.com/medigap). You can also call us at <800-275-3802, Monday-Friday, 8 a.m. to 6 p.m. and Saturday, 8 a.m. to noon>. Or contact your broker for more information.

For a free, in-person consultation, stop by one of our regional offices. Our Customer Service Representatives are available <Monday-Friday, 8:30 a.m. to 4:30 p.m.> to answer your questions!

<Annapolis Regional Office>  
<151 West Street, Suite 101>  
<Annapolis, MD 21401>  
<410-268-6488>

<Frederick Regional Office>  
<5100 Buckeystown Pike>  
<Westview Village, Suite 215>  
<Frederick, MD 21704>  
<301-663-3138>

<Cumberland Regional Office>  
<10 Commerce Drive>  
<Cumberland, MD 21502>  
<301-724-1313>

<Hagerstown Regional Office>  
<182-184 Eastern Blvd. North>  
<Hagerstown, MD 21740>  
<301-733-5995>

<Easton Regional Office>  
<301 Bay Street, Suite 401>  
<Easton, MD 21601>  
<410-822-1850>

<Salisbury Regional Office>  
<224 Phillip Morris Drive>  
<Suite 106>  
<Salisbury, MD 21804>  
<410-742-3274>

\* Standard with all Medicare Supplement plans.

\*\*<SilverSneakers is a product owned by Tivity Health, Inc., an independent company that is solely responsible for their products and provides services to CareFirst MedPlus members. Tivity Health is not insurance and does not sell BlueCross or BlueShield products. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries.> SilverSneakers is not a benefit guaranteed through your Medicare Supplement insurance Policy. It is, however, a health program option made available outside of the Policy to CareFirst MedPlus members.

Neither CareFirst MedPlus nor its agents represent, work for or are compensated by the Federal or State government or Medicare. CareFirst MedPlus is the business name of First Care, Inc. First Care, Inc. is a health insurance company incorporated under the laws of the State of Maryland.

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

The purpose of this brochure is the solicitation of insurance; contact will be made by an insurance agent (or the insurance company).

In some states, Medicare Supplement (Medigap) plans are available to disabled individuals under age 65 that are eligible for Medicare.

In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (Used in VA By: First Care, Inc.). CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. First Care, Inc., CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., and The Dental Network are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association.

CareFirst of Maryland, Inc. and The Dental Network underwrite products in Maryland only.

In Northern Virginia, Medicare Supplement policies are only available to persons residing east of State Route 123.

# What you pay with Original Medicare vs. what you pay with CareFirst <2020> Medigap plans

	With Original Medicare alone, you pay:	Choose Medigap Plan A and you pay:	Choose Medigap Plan B and you pay:	Choose Medigap Plan F and you pay:	Choose Medigap High-Deductible Plan F* and you pay:	Choose Medigap Plan G and you pay:	Choose Medigap High-Deductible Plan G* and you pay:	Choose Medigap Plan L** and you pay:	Choose Medigap Plan M and you pay:	Choose Medigap Plan N and you pay:
				Only applicants who are eligible for Medicare before January 1, 2020 may purchase Plan F, or High-Ded. Plan F						
Hospital Services (Part A)										
Inpatient hospital deductible	<\$1,408>	<\$1,408>	\$0	\$0	\$0 after plan deductible	\$0	\$0 after plan deductible	<\$352>	<\$704>	\$0
Hospital days 61–90	<\$352/day>	\$0	\$0	\$0	\$0 after plan deductible	\$0	\$0 after plan deductible	\$0	\$0	\$0
Hospital days 91–150 (lifetime reserve)	<\$704/day>	\$0	\$0	\$0	\$0 after plan deductible	\$0		\$0	\$0	\$0
365 days after hospital benefits stop	All costs	\$0	\$0	\$0	\$0 after plan deductible	\$0	\$0 after plan deductible	\$0	\$0	\$0
Skilled nursing facility days 21–100	<\$176/day>	<\$176/day>	<\$176/day>	\$0	\$0 after plan deductible	\$0	\$0 after plan deductible	<\$42.63/day>	\$0	\$0
Medical Expenses (Part B)										
Medical expense deductible	<\$198>	<\$198>	<\$198>	\$0	\$0 after plan deductible	<\$198>	\$0 after plan deductible	<\$198>	<\$198>	<\$198>
Medical expenses after deductible	20%	0%	0%	0%	0% after plan deductible	0%	0% after plan deductible	5%	0%	Office visit: Up to <\$20>; ER visit: Up to <\$50>
Excess charges above Medicare-approved amounts	100%	100%	100%	0%	0% after plan deductible	0%	0% after plan deductible	100%	100%	100%
Other Expenses										
Foreign country emergency care (up to <\$50,000> lifetime max)	100%	100%	100%	<\$250> deductible, then 20%	<\$250> deductible after plan deductible, then 20%	<\$250> deductible, then 20%	<\$250> deductible after plan deductible, then 20%	100%	<\$250> deductible, then 20%	<\$250> deductible, then 20%

Dollar amounts shown are the <2020> deductibles, copayment and coinsurance. These amounts may change on <January 1, 2021>. \*With High-Deductible Plan G, there is an annual plan deductible of <\$2,340>. After you meet the deductible, you pay <\$0>.\*\*With Plan L, there is an out-of-pocket limit of <\$2,780>. After you meet the out-of-pocket limit, you pay <\$0>.

## MARYLAND AND WASHINGTON, D.C. SUBROGATION

Subrogation gives CareFirst MedPlus and CareFirst BlueCross BlueShield a legal right to recover benefits that have been provided under this Policy when a third party is liable. This provision applies only to the amount of benefits paid by CareFirst MedPlus and CareFirst BlueCross BlueShield for services where the third party is liable. Medicare has separate subrogation rights that Medicare may pursue separately.

- You shall notify CareFirst MedPlus and CareFirst BlueCross BlueShield as soon as reasonably possible that a third party may be liable for the services for which benefits are being paid.
- To the extent that benefits are paid under this Policy, CareFirst MedPlus and CareFirst BlueCross BlueShield shall be subrogated and succeed to any rights or recovery You receive against any person or organization.

- You shall pay to CareFirst MedPlus and CareFirst BlueCross BlueShield the amount recovered by suit, settlement, or otherwise from any third party or third party's insurer to the extent of the benefits paid under this Policy. The amount paid to CareFirst MedPlus and CareFirst BlueCross BlueShield will be reduced by CareFirst MedPlus and CareFirst BlueCross BlueShield's pro-rata share of the court costs and legal fees incurred to produce such settlement.
- You shall take any action, furnish information and assistance, and execute papers that CareFirst MedPlus and CareFirst BlueCross BlueShield may require to facilitate enforcement of these rights. You shall not commit any action prejudicing the rights and interests of CareFirst MedPlus and CareFirst BlueCross BlueShield under this Policy.

## MARYLAND, WASHINGTON, D.C. AND VIRGINIA EXCLUSIONS

Benefits will not be provided under this Policy for the following:

- Any amount that duplicates benefits actually provided on Your behalf by Medicare.
- Any claim for a benefit that is not specifically described in the Basic (Core) Benefits or Additional Benefits Sections of this Policy.

## THE BENEFITS DESCRIBED ARE ISSUED UNDER POLICIES:

<Maryland: FCI/MG PLAN A (1/16), FCI/MG PLAN B (1/16), FCI/MG PLAN F (1/16), FCI/MG PLAN HI DED F (1/16), FCI/MG PLAN G (1/16), FCI/MG PLAN HI DED G (6/19), FCI/MG PLAN L (1/16), FCI/MG PLAN M (1/16), FCI/MG PLAN N (1/16), as amended.>

<Washington, D.C.: DC/FCI/PLAN A (6/16), DC/FCI/PLAN B (6/16), DC/FCI/PLAN F (6/16), DC/FCI/PLAN HI DED F (6/16), DC/FCI/PLAN G (6/16), DC/FCI/PLAN HI DED G (6/19), DC/FCI/PLAN L (6/16), DC/FCI/PLAN M (6/16), DC/FCI/PLAN N (6/16), as amended.>

<Virginia: VA/FCI/PLAN A (2/17), VA/FCI/PLAN B (2/17), VA/FCI/PLAN F (2/17), VA/FCI/PLAN HI DED F (2/17), VA/FCI/PLAN G (2/17), VA/FCI/PLAN HI DED G (6/19), VA/FCI/PLAN L (2/17), VA/FCI/PLAN M (2/17), VA/FCI/PLAN N (2/17), as amended.>

State:	District of Columbia	Filing Company:	First Care, Inc.
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010		
Product Name:	CareFirst MedPlus		
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## Supporting Document Schedules

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	DISBR CareFirst MedPlus Cover Letter - O65POST (11.19).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	D.C. Statement of Variability - O65POST (11.19).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Readability Comp Cert
Comments:	
Attachment(s):	READABILITY COMPLIANCE CERTIFICATION.pdf
Item Status:	
Status Date:	



CareFirst MedPlus  
10455 Mill Run Circle  
Owings Mills, MD 21117-5559  
www.carefirst.com



NAIC #53007

11/11/2019

Government of the District of Columbia  
Commissioner  
Department of Insurance and Securities Regulation  
Insurance Products Division  
810 First Street, N.E., Suite 701  
Washington, DC 20002

Re: Medigap Advertising  
**O65POST (11.19)**

Dear Commissioner:

First Care, Inc. is submitting the Medigap advertising piece identified above pursuant to Section 31-3701 of the Medicare Supplement Insurance Act and Section 2223 of the Medicare Supplement Insurance Regulations.

The previously filed and approved postcard, **O65POST (4.17)** – SERFF tracking CF5M-131004948, has been updated with minor stylistic changes to reflect CareFirst's newly updated brand guidelines. This update also includes the addition of plan high-deductible G. All other content on the postcard is identical to what was included on the last filed and approved version.

The purpose of this postcard is to be distributed at our Regional Offices and community events for informational purposes. All Medicare dollar amounts and the years noted have been bracketed so that the postcard may be used in future years without re-filing. Other content has been bracketed as well, which is further explained in the accompanying statement of variability. It is our ultimate goal to use the same postcard in D.C, MD, and VA, which is why we've bracketed the piece in this way.

If there are any concerns, you can reach me at 410-998-5422 or via email at [sean.smith@carefirst.com](mailto:sean.smith@carefirst.com).

Sincerely,

Sean Smith  
Project Manager

## EXPLANATION OF VARIATIONS FOR FORM: 065POST (11.19)

An explanation for the information that will populate the bracketed text throughout the postcard has been listed below, and has been broken out first by page number, and then by explanation.

- **“Advantages When You Select A CareFirst MedPlus Plan,” Page 1:** Brackets have been placed around “low affordable rates.” Currently, CareFirst MedPlus Level 1 rates are among the lowest in MD and D.C., but in the event that we increase rates to the point that they become uncompetitive, we would remove that statement from this marketing piece. The 10% discount that members can receive if more than one individual in their household has a CareFirst MedPlus plan has also been bracketed as it could change in future benefit years. Additionally, the number of SilverSneakers locations has been placed in brackets as this number is subject to change as SilverSneakers continues to expand.
- **“Want to Learn More,” Page 1:** Brackets have been placed around the website, phone number, hours of operation, and regional office addresses and phone numbers as they could change in future benefit years.
- **“SilverSneakers Tagline,” Page 1:** The disclaimer pertaining to SilverSneakers has been placed in brackets so that it may be updated in the event that the parent company of SilverSneakers changes its name in the future or adjusts this disclaimer in any way. Because SilverSneakers is an independent company, we cannot control decisions that may impact the wording of this disclaimer in the future.
- **“What You Pay (Plan Options),” Page 2:** The dollar amounts on this page come directly from the government and represent the current 2019 Medicare-approved dollar amounts. These dollar amounts will be updated in subsequent years to match the government requirements for Medicare benefit dollar amounts for Parts A & B. The year 2020 has been bracketed in the postcard so that it may be updated in subsequent years without refiling.
- **“Maryland and District of Columbia Subrogation and Exclusions,” Page 2:** Ultimately, our goal is to use the same postcard in all three jurisdictions. These sections are bracketed so that we can edit/address any state specific objections without having to go back and refile with the remaining insurance boards.
- **“Policy Form Numbers,” Page 2:** Brackets have been placed around the policy form numbers so they can be updated as permitted without refiling.

## READABILITY COMPLIANCE CERTIFICATION

NAME & ADDRESS OF INSURER: First Care, Inc. doing business as CareFirst MedPlus (CareFirst)  
10455 Mill Run Circle, Owings Mills, MD 21117-5559  
202-479-8000

TITLE OF FORM: CareFirst MedPlus Pre-Sales Brochure

FORM NUMBER: O65POST (11.19)

I hereby certify that the above policy form will attach to an evidence of coverage with a Flesch reading ease score above 40.

CareFirst has reviewed the enclosed policy form and certifies that, to the best of its knowledge and belief, the form submitted is consistent and complies with the requirements of the District of Columbia Code, particularly §31-4725 and §31-4726(b)(2) of the District of Columbia Code.



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Signed by Officer of the Insurer  
Brian D. Pieninck  
President and Chief Executive Officer

11/11/2019  
Date

State:	District of Columbia	Filing Company:	First Care, Inc.
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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/11/2019		Form	O65POST (11.19)	11/15/2019	O65POST (11.19).pdf (Superceded)

# Need coverage to fill in the gaps in Medicare?

Protect yourself, your retirement and your hard-earned money with a Medicare Supplement plan.

**Original Medicare alone doesn't cover everything.** That's why it's important to consider a Medicare Supplement (Medigap) plan to help fill in the gaps. Consider these advantages when you select a CareFirst MedPlus (CareFirst) plan:

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<301-733-5995>

<Easton Regional Office>  
<301 Bay Street, Suite 401>  
<Easton, MD 21601>  
<410-822-1850>

<Salisbury Regional Office>  
<224 Phillip Morris Drive>  
<Suite 106>  
<Salisbury, MD 21804>  
<410-742-3274>

\* Standard with all Medicare Supplement plans.

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The purpose of this brochure is the solicitation of insurance; contact will be made by an insurance agent (or the insurance company).

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CareFirst of Maryland, Inc. and The Dental Network underwrite products in Maryland only.

In Northern Virginia, Medicare Supplement policies are only available to persons residing east of State Route 123.

# What you pay with Original Medicare vs. what you pay with CareFirst <2020> Medigap plans

	With Original Medicare alone, you pay:	Choose Medigap Plan A and you pay:	Choose Medigap Plan B and you pay:	Choose Medigap Plan F and you pay:	Choose Medigap High-Deductible Plan F* and you pay:	Choose Medigap Plan G and you pay:	Choose Medigap High-Deductible Plan G* and you pay:	Choose Medigap Plan L** and you pay:	Choose Medigap Plan M and you pay:	Choose Medigap Plan N and you pay:
				Only applicants who are eligible for Medicare before January 1, 2020 may purchase High-Deductible Plan F						
Hospital Services (Part A)										
Inpatient hospital deductible	<\$1,364>>	<\$1,364>	\$0	\$0	\$0 after plan deductible	\$0	\$0 after plan deductible	<\$341>	<\$682>	\$0
Hospital days 61–90	<\$341/day>	\$0	\$0	\$0	\$0 after plan deductible	\$0	\$0 after plan deductible	\$0	\$0	\$0
Hospital days 91–150 (lifetime reserve)	<\$682/day>	\$0	\$0	\$0	\$0 after plan deductible	\$0		\$0	\$0	\$0
365 days after hospital benefits stop	All costs	\$0	\$0	\$0	\$0 after plan deductible	\$0	\$0 after plan deductible	\$0	\$0	\$0
Skilled nursing facility days 21–100	<\$170.50/day>	<\$170.50/day>	<\$170.50/day>	\$0	\$0 after plan deductible	\$0	\$0 after plan deductible	<\$42.63/day>	\$0	\$0
Medical Expenses (Part B)										
Medical expense deductible	<\$185>	<\$185>	<\$185>	\$0	\$0 after plan deductible	<\$185>	\$0 after plan deductible	<\$185>	<\$185>	<\$185>
Medical expenses after deductible	20%	0%	0%	0%	0% after plan deductible	0%	0% after plan deductible	5%	0%	Office visit: Up to <\$20>; ER visit: Up to <\$50>
Excess charges above Medicare-approved amounts	100%	100%	100%	0%	0% after plan deductible	0%	0% after plan deductible	100%	100%	100%
Other Expenses										
Foreign country emergency care (up to <\$50,000> lifetime max)	100%	100%	100%	<\$250> deductible, then 20%	<\$250> deductible after plan deductible, then 20%	<\$250> deductible, then 20%	<\$250> deductible after plan deductible, then 20%	100%	<\$250> deductible, then 20%	<\$250> deductible, then 20%

Dollar amounts shown are the <2020> deductibles, copayment and coinsurance. These amounts may change on <January 1, 2021>. \*With High-Deductible Plan G, there is an annual plan deductible of <\$2,300>. After you meet the deductible, you pay <\$0>.\*\*With Plan L, there is an out-of-pocket limit of <\$2,780>. After you meet the out-of-pocket limit, you pay <\$0>.

## <MARYLAND AND WASHINGTON, D.C. SUBROGATION

Subrogation gives CareFirst MedPlus and CareFirst BlueCross BlueShield a legal right to recover benefits that have been provided under this Policy when a third party is liable. This provision applies only to the amount of benefits paid by CareFirst MedPlus and CareFirst BlueCross BlueShield for services where the third party is liable. Medicare has separate subrogation rights that Medicare may pursue separately.

1. You shall notify CareFirst MedPlus and CareFirst BlueCross BlueShield as soon as reasonably possible that a third party may be liable for the services for which benefits are being paid.
2. To the extent that benefits are paid under this Policy, CareFirst MedPlus and CareFirst BlueCross BlueShield shall be subrogated and succeed to any rights or recovery You receive against any person or organization.

3. You shall pay to CareFirst MedPlus and CareFirst BlueCross BlueShield the amount recovered by suit, settlement, or otherwise from any third party or third party's insurer to the extent of the benefits paid under this Policy. The amount paid to CareFirst MedPlus and CareFirst BlueCross BlueShield will be reduced by CareFirst MedPlus and CareFirst BlueCross BlueShield's pro-rata share of the court costs and legal fees incurred to produce such settlement.
4. You shall take any action, furnish information and assistance, and execute papers that CareFirst MedPlus and CareFirst BlueCross BlueShield may require to facilitate enforcement of these rights. You shall not commit any action prejudicing the rights and interests of CareFirst MedPlus and CareFirst BlueCross BlueShield under this Policy.>

## <MARYLAND, WASHINGTON, D.C. AND VIRGINIA EXCLUSIONS

Benefits will not be provided under this Policy for the following:

1. Any amount that duplicates benefits actually provided on Your behalf by Medicare.
2. Any claim for a benefit that is not specifically described in the Basic (Core) Benefits or Additional Benefits Sections of this Policy.>

## THE BENEFITS DESCRIBED ARE ISSUED UNDER POLICIES:

<Maryland: FCI/MG PLAN A (1/16), FCI/MG PLAN B (1/16), FCI/MG PLAN F (1/16), FCI/MG PLAN HI DED F (1/16), FCI/MG PLAN G (1/16), FCI/MG PLAN HI DED G (6/19), FCI/MG PLAN L (1/16), FCI/MG PLAN M (1/16), FCI/MG PLAN N (1/16), as amended.>

<Washington, D.C.: DC/FCI/PLAN A (6/16), DC/FCI/PLAN B (6/16), DC/FCI/PLAN F (6/16), DC/FCI/PLAN HI DED F (6/16), DC/FCI/PLAN G (6/16), DC/FCI/PLAN HI DED G (6/19), DC/FCI/PLAN L (6/16), DC/FCI/PLAN M (6/16), DC/FCI/PLAN N (6/16), as amended.>

<Virginia: VA/FCI/PLAN A (2/17), VA/FCI/PLAN B (2/17), VA/FCI/PLAN F (2/17), VA/FCI/PLAN HI DED F (2/17), VA/FCI/PLAN G (2/17), VA/FCI/PLAN HI DED G (6/19), VA/FCI/PLAN L (2/17), VA/FCI/PLAN M (2/17), VA/FCI/PLAN N (2/17), as amended.>